

BRITISH MEDICAL ASSOCIATION:  
SUBSCRIPTIONS FOR 1875.

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PROVIDENT INSTITUTIONS AND OUT-PATIENT  
DEPARTMENTS.

V.—PATIENTS' PAYMENTS.

WE now come to a branch of the subject which has never before occupied the share of public attention which it deserves. We allude to the system adopted at several provincial and some London medical institutions, of obtaining payment from each case applying for relief as an out-patient, and in some cases from in-patients also. This system is at present confined exclusively, we believe, to hospitals for women and children in the provinces, and to some of the special hospitals in London. The difference in the mode of treating the patients who apply for relief at these institutions is, that in London they admit free cases in addition to those out-patients who make some payment, but in the provinces no persons are allowed to receive the benefits of the institution without the payment of at least an entrance-fee of sixpence on their first visit. It appears that this particular system was originated by a surgeon of Bristol, who opened a dispensary for women and children in February 1857, and fixed the following scale of fees: For women, 1s. 6d. the first visit, 2d. each subsequent visit; for children, 6d. the first visit, 1d. per visit afterwards. His work proved so successful that, six months afterwards, a committee of gentlemen interested in the experiment was formed, and the institution was thus firmly established as one of the charities of Bristol. This dispensary grew in public favour; and in the year 1866, owing to the exertions of Mr. Mark Whitwell, the Treasurer, an in-patient department was added for children, with forty beds, admission to which has been on the free principle from the first. The institution was at the same time called the Bristol Hospital for Sick Children and for the Out-door Treatment of Women. Although the in-patient department is quite free, great care is taken to exclude all improper cases, and the chief responsibility for all admissions rests with the medical officer himself. At the end of 1872, the Committee raised the original fees for all visits after the first from 2d. to 3d. for women, and from 1d. to 1½d. for children, with the object of making the out-patient department self-supporting. This they will, we believe, succeed in doing; for we find from the last published report that 963 women who paid 9,523 visits, and 2,449 children who made 14,418 visits, to the out-patient department in 1873, contributed by their payments £315:19:2 towards the cost of their treatment, which actually amounted to £487:9:4. The system pursued at Bristol commended itself to the managers of the Children's Hospital, Birmingham, as a remedy for an abuse which caused them much anxiety a few years ago; viz., the large number of trivial cases who applied for treatment at the out-patient department, to the exclusion or detriment of more severe and deserving cases. It was accordingly adopted by them in principle—a payment of 6d. for each child on the first visit; and has been quite a success, financially at any rate, as the sum received from these payments in 1874 was £310:14. We say *financially*, because it appears to have had but a temporary influence on the number of out-patients, who were 1,345 fewer in the six months after its adoption, as compared with the numbers for the corresponding period of the previous year (1871).\* In the next twelve months, the number of out-

patients was increased by 1,389, as compared with that of the preceding year (1872). Nevertheless, the Committee, in their last published statement, speaking of this system, say: "Your Committee continue to think this regulation an excellent one. The fee is always paid cheerfully, and the sum raised enables the charity to carry out its good work more thoroughly"; although the number of out-patients had again increased by 1,178.

Another Birmingham Hospital—the Hospital for Women—the patients at which amounted to 1,750 (in, 71; out, 1,679, in 1873), has also adopted the system of small payments. Here the rule is: "Out-patients are required to pay one shilling as a registration-fee on entering, and a further fee of one shilling at the expiration of each two months during which they may remain under treatment." The amount received from patients in this way in 1873 was £95:9:8, and the total expenditure was £1,059:16. At this hospital, out of seventy-nine in-patients, thirty paid £79:14 for their treatment, making the total receipts of £175:3:8 for the year from this source. The Women and Children's Hospital at Sheffield has also adopted the registration-fee; and we are informed, on reliable authority, that this system "is commending itself more and more to the managers of provincial hospitals, and is likely to be very generally adopted". Whatever objections may be raised against this system—and they are summed up briefly in the statement that under it "cases may be, and sometimes are, admitted which are not proper subjects for charitable relief, and which could, in all probability, afford to pay for the necessary treatment in their own homes"—it cannot be denied that it has many advantages over the old ticket system, and on this ground alone it should, in our opinion, commend itself to the thoughtful consideration of all hospital managers. Every hospital that we have mentioned reports favourably on its working, and we quote the following brief extracts from the last published Reports of the Committees for the year 1873.

*Children's Hospital, Birmingham.*—The Committee wish to record their conviction that the system works most satisfactorily. It has had the good effect of weeding out many unsuitable cases, such as those belonging to the pauper classes, and other cases too trivial to need hospital treatment. A portion of the sum raised by these fees also gives the Committee the means of increasing the medical staff by the appointment of two *paid* extra acting physicians. Thus, the patients receive even more attention than they did formerly; the income of the charity is considerably increased; and the Committee have never heard of any objection being raised to the payment of the small fee required.

*The Women's Hospital, Birmingham.*—The Committee report that the shilling fee has fully answered the expectations they formed of it. It keeps from the already overcrowded waiting-rooms trivial and pauper cases, and affords a very appreciable addition to the hospital funds. The fee is so small, that there are very few women above the pauper class who are unable to pay it, and yet it is sufficient to keep away those who would otherwise come from mere curiosity. Whenever, from long illness or shortness of work, patients of the working class are unable to pay, then the fee is remitted. Thus, your Committee consider that they have avoided the evils attendant upon the ticket system and the absolutely free or unchecked system.

At the Bristol Children's Hospital, as already stated, it makes the out-patient department nearly self-supporting.

Surely, the abuse to which we have alluded may be almost left to cure itself, especially when it is borne in mind that the vigilance of the committees of management at the above institutions and their anxiety to guard against abuse of all kinds has led them to adopt this system, which, to say the least, is a step in the right direction, and may be regarded as one more nail in the coffin of hospital abuse.

We now come to the special hospitals, which are increasing in number, if not in influence, every year. The mania for these institutions has produced a sort of graduated scale of ingenuity of invention in the fertile brain of the originators, which may be briefly summarised thus: Positive, "Throat Hospital"; comparative, "Heart Hospital"; superlative (wonderful invention this), "Infirmary for Diseases of the Legs". Whether the mania may still increase, and result eventually in a Hos-

\* Medical Report for the year 1872 of the Children's Hospital, Birmingham.

pital for "Corns, Bunions, and Diseases of the Nails", with an in-patient department, time alone will show.

At the Hospital for Diseases of the Throat, Golden Square, the annual report of which, by-the-bye, is one of the cleverest pieces of "appeal literature" we have ever seen, most of the patients pay something. These payments are weekly, fortnightly, or monthly; they vary from 1s. to 5s. per month, and are written at the head of the prescription-papers for the guidance of the medical officer, but not in plain figures. The sum received from patients during the year 1873 at this hospital was £733:1:6, being rather less than a third of the expenditure. It may be well, bearing in mind the scenes enacted at the meeting of the Metropolitan Hospital Sunday Fund in January and March last, and the statements then made by the representatives of special hospitals, to examine closely the accounts of the Hospital for Diseases of the Throat. The statement of receipts and expenditure for the year ending December 31st, 1873, shows that the ordinary income derived from subscriptions and donations (£2,632:8:4), contributions from patients (£733:1:6), dividend (£91:18:10), and donation boxes (£44:10:3), amounted to £3,501:18:11; and the ordinary expenditure (if such items as telegraph to medical superintendent's house, and printing and binding second edition of the *Hospital Pharmacopæia*, may be included under ordinary expenditure) amounted to £2,625:11:2, leaving a balance of ordinary income over expenditure of £876:7:9 for the year. In addition to this balance in hand of £876, this hospital received from the Hospital Sunday Fund £191:13:4, and yet its supporters say that the award of the Hospital Sunday Committee "has not been fair or impartial" so far as the special hospitals are concerned. We quite agree with these grumblers, though we arrive at our own conclusions from a different point of view. In what have the Hospital Sunday Committee "not been fair and impartial" in their dealings with these special hospitals? We answer; in having, even on one occasion, granted £191 to the Hospital for Diseases of the Throat when it had a balance of £876 in hand from other ordinary sources. Nor is this all; for, in the same year, 1873, this very special hospital received £1,000 from the proceeds of a bazaar; £1,000 from an anonymous donor, "H. D. T"; £19:19 from legacies; having besides a balance in hand from the previous year of £253:4:3. To summarise:

The actual income for the year 1873, was	£ 5,966:15:6
The actual expenditure of the year 1873, was	2,625:11:2

Balance of income over expenditure	£ 3,341:4:4
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Yet the supporters of this hospital appeal to the general public for additional funds on the ground that "subscriptions and donations are much needed to meet the heavy expenses".

There is another special hospital, the Central Throat and Ear Hospital, which may be fairly regarded as in opposition to the one we have just been describing. It has only been in existence since March 1874, and, up to January 19th, 1875, 2,329 patients had been treated, and £137 13s. had been received from patients' payments. It is expected that these payments will pay the salaries of dispenser, matron and servants, and perhaps the current expenses of dispensary and house-keeping. Patients are seen at this hospital, in addition to the usual days and hours, on Tuesday and Friday evenings at 7.30, and the clergy are allowed to send cases gratuitously. The following is reported to us as the result of a visit to this hospital one Tuesday evening.

There were about sixty people waiting to be seen when we arrived at 7.30. The cases were:

1. Workwoman, shopwoman, milliner, earning from seven shillings to thirteen shillings per week each, and living at home, agreed to pay, in each case, one shilling per week for attendance at hospital.

2. Wife of a carpenter, not in regular work, agreed to pay two shillings and sixpence every fourteen days.

3. Labourer's wife, pays nothing. Husband ill, and receiving twelve shillings per week from club.

4. Carpenter's child, one of twelve children, ten living at home. Weekly earnings of family fifty-two shillings, pays one shilling a fortnight.

5. A carpenter not always in full work, earns thirty-eight shillings

per week. Wife and daughter have been to hospital before. Pays two shillings and sixpence every fourteen days.

6. Law-writer, living at home with parents, earns fourteen shillings per week, pays one shilling per week to hospital for attendance.

These are the cases just as they presented themselves, and we are bound in fairness to say that, if special hospitals be needed by the poor, this hospital is certainly doing good amongst that class of patients who ought alone to receive medical advice for a nominal sum. Seeing, however, that most of our great hospitals have now well administered special departments, we incline to the opinion that special hospitals are not needed at all, and are open to many objections.

We must not conclude this paper without commending the work done by that useful and unobtrusive institution, the Establishment for Gentlewomen during temporary illness, in Harley Street. No hospital in London does probably greater good with the funds entrusted to its managers than this excellent Hospital. Its object is declared to be "to afford a home in illness, with medical and surgical treatment, to gentlewomen of moderate means, the wives, daughters, and relatives of clergymen, naval, military, and professional men, and to governesses and artists". Patients are placed under the charge of one of the medical staff of the institution, and any other medical attendance is prohibited, except at their discretion and when they think it desirable. Neither infectious cases nor cases of insanity are received. Applicants must produce: 1. A certificate from medical attendant as to fitness for admission; 2. Two letters of introduction, with particulars of social position and income; 3. A guarantee as to weekly charges and expenses.

The weekly charge is (including board, lodging, medical attendance, and medicine), for single women, twenty-three shillings; for a room occupied by two ladies, nineteen shillings; for accommodation in the divided room, fifteen shillings. Children are admitted in special cases on the same terms. The income from all sources in the year 1873 was £4,510:0:6, and the patients' payments amounted to £839:16:0. The expenditure was £3,110:13:3. If we exclude legacies, which amounted to £2,061:19:0, it will be seen that the ordinary expenditure exceeded the ordinary income by £904:6:9. This valuable institution only received £38:6:8 from the Hospital Sunday fund.

## HOSPITAL REFORM.

THE Westminster Hospital deserves credit for the painstaking manner in which, during the last two years, it has been investigating the whole question of out-patient administration. No less than four committees have been appointed during that period. To the reports of the earlier committees, we have from time to time alluded. That of the fourth is now before us. In it the whole subject is reconsidered, and, in conclusion, the Committee make the following recommendations, which are well worthy the attention of all hospital managers.

1. That the entrance for out-patients be at the side gate, instead of at the front door of the hospital; that the registration of the patients take place within that entrance, instead of in the front hall; that a competent porter be placed in charge of the out-patients; and that the hours of admission, 12.30 to 1.30, be strictly enforced, the gate being closed punctually at the latter hour.

2. That the present limitation and selection of the patients by the assistant house-surgeon be discontinued. He might, if found necessary, still distribute the patients to the different physicians and surgeons.

3. That the medical officers be instructed that they have full power to dismiss any applicants, with or without governors' letters, whom they consider not proper objects of charity, or not likely to benefit by treatment as out-patients; but, in case of a patient bringing a governor's letter, they shall endorse their reason upon the letter, which shall be filed and laid upon the Board-room table on the following Board day, in order that the same may be communicated to the governor, if the House-Committee shall so order.

4. That each medical officer shall exercise this power at his own discretion, either by attending half an hour earlier and selecting the proper cases for further investigation and sending the rest away, or by seeing all the cases in the ordinary course, and, after investigation, referring

such as shall not be retained to the Poor-law, the General, or the Provident Dispensary, or sending them into the wards, or elsewhere, as the case may be, writing such reference across the patient's paper. There is nothing to prevent the medical officer from prescribing once for such patients, if he think it desirable.

5. That any case of evident and gross abuse should be immediately reported to the House Committee, in order that full investigation may be made.

6. That friendly relations should be entered into between the out-patients' department of the hospital and the dispensaries; that notices of the latter be put up in the out-patients' rooms of the hospital, and papers distributed to such patients as would be more properly treated at such institutions; and that, on the other hand, the medical officers of the dispensaries should be invited to bring their unusual and interesting cases to the hospital out-patients' rooms, not necessarily for treatment at the hospital, but for consultation.

7. That the present limitation of the out-patients' prescription papers to two months be abolished. It is useless as a check, the majority of the patients ceasing to attend before the expiration of that time, and the rest receiving a fresh paper as soon as it is required. It also entails additional and avoidable labour on the medical officers, as, by the confiscation of the expired letter by the dispenser, they are deprived of the assistance of previous notes and prescriptions. It occasionally happens that a patient has to attend once or twice a month for a long period, and great confusion is produced by the constant renewal of the prescription paper, a periodical re-registration being all that is required.

8. A further recommendation of the Committee would be the offer of assistance to the assistant-physicians, whose patients unavoidably continue in excess, either by the election of one or more additional assistant-physicians, or by the appointment of one or more casualty physicians, as has been adopted at St. Bartholomew's Hospital.

With some of these recommendations we heartily concur; others appear to us wanting in decision; but they only serve to show the difficulties which surround an individual institution when it attempts to move in this matter, and how much it is to be desired that some general plan could be agreed upon, and form the rule for all hospitals and dispensaries. The weakest point in this scheme is, that it throws the task of discrimination upon the medical staff. We have always maintained that this duty forms no proper part of their work, and that the additional burden ought not to be put upon them. It places them in an invidious position with regard to their patients, and it is an unwarrantable demand upon time and energies which are already taxed to their full extent. There is something like satire in the suggestion, contained in another part of the report, that the out-patient officers might attend half an hour earlier, in order to sift their cases, while it is recommended to appoint additional assistant-physicians, in consequence of the present excess of work.

The question of out-patient relief has also been under consideration lately at the Children's Hospital, Great Ormond Street; and it appears to us that the managers of that institution have adopted a plan which is at once simpler and more satisfactory. It has been determined that no patient can be prescribed for a second time, unless his hospital letter has been stamped by the Committee of the Charity Organisation Society for the district in which he lives.

Letters have been issued which bear on their face, in addition to this new rule, a list of the local offices of the Charity Organisation Society, and the hours at which application may be made to them, in order to furnish the necessary particulars and obtain the requisite stamp. This plan appears to us very promising, and we shall watch with interest to see how it succeeds.

#### SALARIES OF MEDICAL OFFICERS OF HEALTH.

AMONG the many anomalies that exist in our present disjointed system of sanitary organisation, not the least striking is the absence of proportional uniformity which marks the salaries that have been allotted by the various authorities of combined urban and rural sanitary districts to their medical officers of health. The most cursory glance down any list of medical officers of health which shows the amount of their salaries, is sufficient to prove that neither the population, nor the area of the district, nor the probable amount of work to be performed, has

had much weight in fixing the amounts of these salaries. The inspection of such a list, moreover, leads to the inevitable conclusion that many of the appointments have been made only in deference to the pressure of public opinion, or of the Local Government Board, and that the real intention, in fixing upon nominal salaries, was to secure the amount of sanitary work done being also nominal. In order to check, as far as possible, this pretence at sanitation, we are naturally, as in all other branches of sanitary organisation, brought face to face with the necessity for a Central Health Authority, with power to act as a control department in health matters. It is important to our sanitary progress not only that medical officers of health should be adequately remunerated for sanitary duties efficiently performed, but that, in the matter of salary, they should not be without appeal entirely at the mercy of their sanitary authorities, who, in many cases, would be best pleased by inaction.

As an example of the necessity for the Central Health Authority to have some power of control in the matter of salaries of health officers, the case of Keighley may be cited. The Local Board District of Keighley has a population exceeding 20,000 persons, and has recently become notorious for its antivaccination board of guardians, and the inaction of its sanitary authority, although for months the town has suffered from epidemics of small-pox, scarlatina, typhoid fever, and other forms of zymotic disease. A medical officer of health was appointed by this local board at £50 a year, but, during the past six months, the duties have necessarily been of such an arduous character as to engross the whole time of the medical officer, and recently an application was made to the local board for an increase of salary, or at any rate for some remuneration for the extra duties which have been entailed by the prevalence of small-pox. This application was referred to the sanitary committee, who recommended that the "application for extra remuneration be considered when the present epidemic is stamped out". At the last monthly meeting of the local board this recommendation was adopted, and it was voted that the committee had exercised a wise discretion in the matter. A member of the board was of opinion that, if the medical officer knew that an increased remuneration would be given to him when the town was clear of the epidemic, it would stimulate him to greater exertion. Only those who have read the history of the small-pox epidemic in Keighley, and of the present sanitary condition of the town, and who know how the zeal and energy of the medical officer have been thwarted and neutralised by the neglect of their sanitary duties by the board of guardians and the local board, can thoroughly appreciate the full import of this treatment of the medical officer's application for an increase of salary. In such cases as Keighley, the medical officer of health should have an appeal to the Central Health Authority to fix his salary at such a sum as would afford reasonable remuneration for his duties.

At a meeting of the General Committee of Management of the Royal Free Hospital on the 8th inst., Mr. William Rose, of Old Cavendish Street, was elected Surgeon of the hospital in the vacancy occasioned by the decease of Mr. J. D. Hill.

WE publish in another column a letter from Mr. Smee advocating strongly the formation of a special committee to take proceedings which shall lead to the establishment of voting by proxy in the College of Surgeons on the occasion of the election of Fellows. We have before now set forth in full the arguments in favour of that reform. But more than argument is necessary; action is required, and the action must come from those who are really interested. The country Fellows are virtually largely disfranchised by the present arrangements, and the power of election is vested in the hands of small cliques. When now and then some vigorous action has been taken by extra-metropolitan Fellows to make their voice and their choice respected, it has struck the wire-pullers with dismay, and terrible notes of warning have been sounded. As a matter of fact, what is desirable in the interests of the College is, that the whole body of the Fellows should be equally repre-